

10/523371

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

3194.1026-006

CLAIMS AS FILED - PART I

SMALL ENTITY
TYPE ☐

OR

OTHER THAN
SMALL ENTITY

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	59 minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	26 minus 20 = *	6
INDEPENDENT CLAIMS	2 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

RATE	FEE		RATE	FEE
BASIC FEE		OR	BASIC FEE	300
EXAM. FEE			EXAM. FEE	200
SEARCH FEE			SEARCH FEE	400
X \$ 125 =			X \$ 250 =	
X \$ 25 =		OR	X \$ 50 =	300
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	
TOTAL		OR	TOTAL	1200

CLAIMS AS AMENDED - PART II

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

	(Column 1)	(Column 2)	(Column 3)
CLAIMS			
REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$ 25 =		OR	X \$ 50 =	
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
CLAIMS			
REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$ 25 =		OR	X \$ 50 =	
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>101523371</u>						
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED					
	Filing	1	02 Feb 05					
	Amendment		\$ 500					
	Extension of Time		\$					
	Notice of Appeal/Appeal		\$					
	Petition		\$					
	Issue		\$					
	Cert of Correction/Terminal Disc.		\$					
	Maintenance		\$					
	Assignment		\$					
	Other		\$					
		7 TOTAL AMOUNT OF REFUND						
		\$ 500						
		8 TO BE REFUNDED BY:						
		Treasury Check						
		Credit Deposit A/C #:						
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table>		0	8	--	0	3
0	8	--	0	3	8	0		
10 REASON:								
<input checked="" type="checkbox"/>	Overpayment							
<input checked="" type="checkbox"/>	Duplicate Payment							
	No Fee Due (Explanation):							
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: _____		TITLE: <u>Paralegal</u>						
SIGNATURE: <u>P. Kinnell</u>		PHONE: <u>308-9140 ext 216</u>						
OFFICE: _____								

THIS SPACE RESERVED FOR FINANCE USE ONLY:								
APPROVED: _____		DATE: _____						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Refund Branch
Crystal Park One, Room 802B**